



Central Arkansas Master Naturalists

P.O. Box 251180

Little Rock, AR 72225

Thank you for your interest in the Central Arkansas Master Naturalists. This application is for the training program of the Central Arkansas chapter. Spaces are limited and applications will be reviewed by CAMN in December. CAMN may use the information on this application or a telephone interview in the process of determining which applicants will be admitted. Classes begin January 20, 2018.

For more information about our program, our mission and our activities, please visit our website at: <http://wordpress.arkansasmasternaturalists.org>.

Please type or print clearly and return your application and a check for \$165 made payable to CAMN, to the address above. This fee includes training expenses of \$135 and \$30 annual dues for 2018.

Name: _____

Name as you wish it to appear on your name tag: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work: _____

Email Address: _____ T-Shirt Size: S M L XL 2XL 3XL

How did you learn about the Arkansas Master Naturalist program? _____

Occupation (If retired, former occupation): _____

Please describe your interest in the Arkansas Master Naturalist program: _____

Please list any organizations you are a member of or have volunteered with in the last two years:

Please note skills and interests that could be beneficial to the Arkansas Master Naturalist program. Skills may include computers, photography, secretarial, graphic arts, public speaking, specific knowledge, etc. Please include any training or education you have relative to Arkansas, its natural resources, or the outdoors.



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Master Naturalist volunteers are involved in various activities to fulfill our mission. CAMN is an educational, non-profit, volunteer organization dedicated to developing a group of trained volunteers to provide education, outreach, and service dedicated to the beneficial management of natural resources and natural areas primarily in central Arkansas, but also throughout the state of Arkansas.

PLEASE CIRCLE THE RESPONSE THAT BEST MATCHES YOUR PERSONAL INTERESTS

Do you have an interest in volunteering as a Master Naturalist beyond the training period to support the mission of the organization? YES NO

Please rate your interest in volunteering for the following activities.

		(Circle one)	High	Medium	Low	None
Education/Public Information	Trail Guide/Interpreter		H	M	L	N
	Children's Programs		H	M	L	N
Field Research/Surveys	Stream Team		H	M	L	N
	Plant and Wildlife Census		H	M	L	N
	Native Plant ID		H	M	L	N
Outdoor Labor	Trail Construction		H	M	L	N
	Greenhouse		H	M	L	N
	Outdoor Projects		H	M	L	N
Administration	Board Officer		H	M	L	N
	Committee Chair		H	M	L	N
	Record Keeping		H	M	L	N
	Newsletter/Website		H	M	L	N

The Arkansas Master Naturalist program is a volunteer organization dedicated to educating its members and giving back to the community through volunteer work. In order to be an active, Certified Master Naturalist you must commit to provide 40 hours of volunteer service in the community, acquire 8 hours of continuing education training, and pay \$30.00 in annual dues.

By signing my name below I am stating that I am at least 18 years of age, understand the premise of the Arkansas Master Naturalist program, and intend to become an active, Certified Master Naturalist.

Signature

Date